



County of Fairfax
Application for Certification
As a Short Term Rental Business

2004

For Office Use Only

Federal Tax Identification Number _____
Virginia Sales Tax Number _____
Business Telephone Number _____
Date Business Began In Fairfax County _____
Type of Rental Property _____

Owner Name _____
Trade Name _____
Headquarters Location _____
Fairfax County Business Location _____
Mailing Address _____
Business Tax Contact _____
(Name and Phone Number)

THE FOLLOWING INFORMATION MUST BE COMPLETED:

The gross receipts reported are for the 12 month period beginning December 1, 2003 and ending November 30, 2004.

- | | | |
|--|----------|-------|
| 1. Total Gross Receipts for the Period Indicated | 1 | _____ |
| 2. Total Rental Receipts for the Period Indicated | 2 | _____ |
| 3. Total Rental Receipts Involving Personal Services | 3 | _____ |
| 4. Gross Rental Receipts (subtract line 3 from line 2) | 4 | _____ |
| 5. Total Gross Proceeds from Short Term Rental | 5 | _____ |
| 6. Total Gross Receipts from Short Term Rental
Property Leased to a Person Affiliated with the lessor | 6 | _____ |
| 7. Total Gross Receipts from Short Term Rental Property NOT Owned | 7 | _____ |
| 8. Total Exclusions from Short Term Rental Receipts (Add line 6 & 7) | 8 | _____ |
| 9. Adjust Daily Short Term Rental Proceeds (Subtract line 8 from line 5) | 9 | _____ |

CERTIFICATION:

I the undersigned, hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge and belief.

Signature Title Date

Section 2 - To be completed by Director of Department of Tax Administration

Date Received _____ Approved _____ Not Approved _____
Date Date
Business Acct. Number _____
Director of Dept. Tax Administration Date

For Further Information, call (703) 324-3754
Mail Completed Form To:
Dept. of Tax Administration, 12000 Government Center Pkwy, Suite 261, Fairfax, Virginia 22035-0029